



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5733

SERIAL NUMBER 10/723,181	FILING OR 371(c) DATE 11/26/2003 RULE	CLASS 358	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. P0976		
APPLICANTS Tony F. Rodriguez, Portland, OR; Alastair M. Reed, Lake Oswego, OR; Ravi K. Sharma, Portland, OR; Osama M. Alattar, Tigard, OR; Brett T. Hannigan, Portland, OR; Kenneth L. Levy, Stevenson, WA; Hugh L. Brunk, Portland, OR; Geoffrey B. Rhoads, West Linn, OR; Ammon E. Gustafson, Beaverton, OR;						
** CONTINUING DATA ***** This appln claims benefit of 60/430,014 11/28/2002 and claims benefit of 60/440,593 01/15/2003 and claims benefit of 60/466,926 04/30/2003 and claims benefit of 60/475,389 06/02/2003 and is a CIP of 10/165,751 06/06/2002 PAT 6,754,377 which is a CON of 09/074,034 05/06/1998 PAT 6,449,377 This application 10/723,181 is a CIP of 10/012,703 12/07/2001 PAT 6,744,906 which is a CON of 09/433,104 11/03/1999 PAT 6,636,615 which is a CIP of 09/234,780 01/20/1999 ABN which claims benefit of 60/071,983 01/20/1998 This application 10/723,181 is a CIP of 09/898,901 07/02/2001 PAT 6,721,440						
** FOREIGN APPLICATIONS *****						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/25/2004						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY OR	SHEETS DRAWING 13	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
ADDRESS 23735						
TITLE Automated methods for distinguishing copies from original printed objects						
FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			